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A357
JACC April 1, 2014
Volume 63, Issue 12

Arrhythmias and Clinical EP

ASSESSMENT OF STROKE RISK IN ATRIAL FIBRILLATION: PHYSICIAN ESTIMATE VERSUS CHADS2 RISK SCORE: RESULTS FROM ORBIT-AF

Poster Contributions
Hall C
Saturday, March 29, 2014, 3:45 p.m.-4:30 p.m.

Session Title: Arrhythmias and Clinical EP: Advances in Stroke Risk Stratification for Patients with Atrial Fibrillation
Abstract Category: 4. Arrhythmias and Clinical EP: AF/SVT
Presentation Number: 1143-112

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Background: Use of oral anticoagulation (OAC) in atrial fibrillation (AF) should be guided by patient stroke risk yet prior studies have found gaps and paradoxical use. We sought to compare physicians' subjective assessment of stroke risk with those derived from the CHADS2 risk scores, and their associations with OAC use.

Methods: Using 10,094 AF patients enrolled in the Outcomes Registry for Better Informed Treatment of AF (ORBIT-AF) at 176 sites, we classified physician subjective assessments of stroke risk (low, 6%) and compared these with equivalent CHADS2 scores (0, 1, >1). Use of OAC across strata was quantified.

Results: Overall, physicians classified 16% (n=1625) of AF patients as high risk versus 72% (n=7251) classified as high stroke risk based on CHADS2 score. In contrast, 41% (n=4173) were categorized by physicians as low risk versus 6% (n=644) by CHADS2 (Figure). In multivariable analyses, patients with hypertension, heart failure, diabetes had lower subjective risk estimates relative to their CHADS2 scores. Primary care physicians tended to have lower subjective stroke risk estimates than cardiologists or electrophysiologists. Use of OAC increased with both increasing subjective and increasing CHADS2 stroke risk.

Conclusions: While providers had much lower stroke risk estimates than empiric estimates, treatment patterns tended to follow risk estimates. These findings suggest there is a need for improve physician understanding of how to estimate stroke risk.